## SUBSCRIPTION CHANGES REVIEW WORKSHEET

Account #	Zip Code

## Initial Distribution Number (IDN) must be filled in on each line

IDN	IDN	QTY to increase	Check to Delete this Subscription or to reduce Qty of this Subscription
first 2	Last 4	or decrease by	to reduce Qty of this Subscription

Please use this form to record your request and check against the DA Pam 25-30 (EM 0001) to verify its accuracy before submitting to St. Louis, USAPA. If IDN does not match the current DA Pam 25-30 (EM 0001) your change will not be put into effect by St. Louis.